

**FEC FORM 2**  
**STATEMENT OF CANDIDACY**

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1. (a) Name of Candidate (in full) <b>Alma ARREDONDO-Lynch D.D.S.</b>		2. FEC Candidate Identification Number
(b) Address (number and street) <input type="checkbox"/> Check if address changed <b>25783 N. Hwy 83</b>		
(c) City, State, and ZIP Code <b>Concan</b>		3. Is This Statement <input type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
4. Party Affiliation <b>Rep</b>	5. Office Sought <b>U.S. Representative</b>	6. State & District of Candidate <b>Texas District 23</b>

**DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE**

7. I hereby designate the following named political committee as my Principal Campaign Committee for the **2018** election(s).  
(year of election)
- NOTE:** This designation should be filed with the appropriate office listed in the instructions.

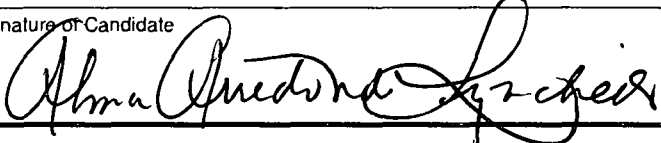
(a) Name of Committee (in full) <b>FRIENDS TO ELECT DR. ALMA</b>
(b) Address (number and street) <b>P.O. Box 156</b>
(c) City, State, and ZIP Code <b>Concan TX 78838</b>

**DESIGNATION OF OTHER AUTHORIZED COMMITTEES**  
(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.
- NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full) <b>N/A</b>
(b) Address (number and street)
(c) City, State, and ZIP Code

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate 	Date <b>07.31.2017</b>
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**NOTE:** Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.

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14220001-001 NO 11-01-001 N10N

PRESS FIRMLY TO SEAL

**PRIORITY MAIL**  
**PRESS**

BEST SERVICE IN THE U.S.

WRITE FIRMLY WITH BALL POINT PEN ON HARD SURFACE TO MAKE ALL COPIES LEGIBLE.

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U.S. POSTAGE

PAID

UVALDE, TX

78801

JUL 31, 17

AMOUNT

**\$23.75**

R2305K131611-09



20463



1007



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INTERNATIONAL USE

**UNITED STATES**  
**POSTAL SERVICE**  
**PRIORITY MAIL EXPRESS**

CUSTOMER USE ONLY  
FROM: (PLEASE PRINT)  
Dr. Alvin...  
PHONE ( )

Dr. Alvin...  
1-800-222-1811

Dr. Alvin...  
1-800-222-1811

Dr. Alvin...  
1-800-222-1811

PAID BY ACCOUNT (if applicable)

DELIVERY OPTIONS (Customer Use Only)

**SIGNATURE REQUIRED** Note: The mailer must check the "Signature Required" box if the mailer requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

☐ No Saturday Delivery (delivered next business day)  
☐ Sunday/Holiday Delivery Required (additional fee, where available)  
☐ 10:30 AM Delivery Required (additional fee, where available)  
\*Refer to USPS.com® or local Post Office™ for availability.

TO: (PLEASE PRINT)  
Federal...  
PHONE ( )

Federal...  
1-800-222-1811

Federal...  
1-800-222-1811

Federal...  
1-800-222-1811

IP \* 4\* (U.S. ADDRESSES ONLY)

20463

For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.  
\$100.00 Insurance Included.

ORIGIN (POSTAL SERVICE USE ONLY)		<input checked="" type="checkbox"/> 1-Day <input type="checkbox"/> 2-Day <input type="checkbox"/> Military <input type="checkbox"/> DPO	
PO ZIP Code	Scheduled Delivery Date (MMDDYY)	Postage	
78801	8/1/17	\$ 23.75	
Date Accepted (MMDDYY)	Scheduled Delivery Time	Insurance Fee	COD Fee
7/31/17	<input type="checkbox"/> 10:30 AM <input checked="" type="checkbox"/> 12 NOON <input type="checkbox"/> 3:00 PM	\$ 0	\$ 0
Time Accepted	10:30 AM Delivery Fee	Return Receipt Fee	Live Animal Transportation Fee
1:59 PM	\$ 0	\$ 0	\$ 0
Special Handling/Fragile	Sunday/Holiday Premium Fee	Total Postage & Fees	
\$ 0	\$ 0	\$ 23.75	
Weight: lbs. 0.00 ozs. 54	Acceptance Employee Initials		
DELIVERY (POSTAL SERVICE USE ONLY)			
Delivery Attempt (MMDDYY)	Time	Employee Signature	
	<input type="checkbox"/> AM <input type="checkbox"/> PM		
Delivery Attempt (MMDDYY)	Time	Employee Signature	
	<input type="checkbox"/> AM <input type="checkbox"/> PM		

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Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked Date of Receipt
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input checked="" type="checkbox"/> USPS Priority Mail Express	Postmarked 7/31/17
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
PREPARER (3/2015)	8/1/17 DATE PREPARED

2017-08-01 09:00:00